NADE - Non-DFS Adoption/Guardianship Data Entry

This screen is used to display, add or modify information related to non-DFS agency adoptions or guardianships. Central Office staff will enter information gathered from other agencies on this screen. Depending on whether the type of 'A' or 'G' is selected on NADL before pressing F11, the screen and section headers will display 'ADOPTION', or 'GUARDIANSHIP.'

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CAFSNADE              NON-DFS ADOPTION DATA ENTRY            10/03/2013   9:38
USER ID : C71315    ADD
CAPS ID : 00001260    25      NAME: COCONUT, CARLA              SSN: 741-25-6389

ADDRESS:   345 COFFEE CT
           HELENA               MT    59601
----------------CHILD ADOPTION ASSISTANCE / PARENT INFORMATION---------------
CAPS ID:  00001258    COCONUT, CARL                            RLT:   AFR
CAPS ID:                                                       RLT:
ADDRESS:  345 COFFEE CT
          HELENA                MT    59601      PHONE:  406  444-9876
-----------------CHILD ADOPTION ASSISTANCE /MEDICAID INFORMATION-------------
ADOPT FINAL DATE: 01/01/2012  SEX : F  ETHN : CA   HISP ORG: N DOB: 06/05/1997
MEDICAID #: 4321123           TITLE IV-E ELIGIBLE:  Y      OTHER INSURANCE: N
AA STATE:  CA  COUNTY: ALM  DATE PROCESSED:          DATE OPEN:
DATE MEDICAID CLOSED:              MEDICAID CLOSURE REASON:
--------------------------------SIBLING INFORMATION--------------------------
CAPS ID:  00001261  COCONUT, CATHY      CAPS ID:  00001262 COCONUT, CADEN
CAPS ID:  00001263  COCONUT, CAITLYN    CAPS ID:  00001264 COCONUT, CARTER
CAPS ID:  00001265  COCONUT, CARRIE     CAPS ID:  00001266 COCONUT, CHRISTOPH
CAPS ID:  00001267  COCONUT, CLARISSA   CAPS ID:  00001268 COCONUT, CANDY
 SHIFT+F2=NOTES        SHIFT+F9=RELL

                                                              PATH:
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Field Descriptions (F12) indicates code lookup is available.

CAPS ID
Enter the CAPS ID for the person you wish to add or view adoption/guardianship details.

NAME
This field will display the name of the person whose ID is entered in the CAPS ID field.

SSN
This field will display the SSN of the child whose ID is entered in the CAPS ID field.

ADDRESS
This field will display the child's address, whose ID is displayed in the CAPS ID field (residential, or mailing if no residential address exists).

CHILD ADOPTION ASSISTANCE / PARENT INFORMATION

CAPS ID (F12)
This field is required. Type the CAPS ID of parent 1 or use Shift+F9 to access RELL to select the parent from RELL.

NAME
This field will display the name of the parent whose ID is entered/displayed in the associated CAPS ID field.

RLT (F12)
This is the associated parent's relationship and will populate from the RELL screen.

CAPS ID (F12)
Enter the CAPS ID of parent 2. This field is optional.

NAME
This field will display the name of the parent whose ID is entered in the associated CAPS ID field.

RLT
This is the associated parent's relationship and will populate from the RELL screen if Shift+F9 is used on the CAPS ID field.

ADDRESS
This field will display the Parent 1's address (residential, or mailing if no residential address exists).

PHONE
This field will display parent 1's phone number.

CHILD ADOPTION ASSISTANCE /MEDICAID INFORMATION

ADOPT FINAL DATE
Enter the date the adoption was finalized.

SEX (F12)
This field will display the sex code that was entered for the child on the PERD (Person Detail) screen.

ETHN (F12)
This field will display the first ethnicity code that was entered for the child on the PERD (Person Detail) screen. This cannot be entered on this screen.

HISP ORG
This field will display the Hispanic origin flag that was entered for the child on the PERD (Person Detail) screen. This cannot be entered on this screen.

DOB
This field will display the date of birth that was entered for the child on the PERD (Person Detail) screen. This cannot be entered on this screen.

MEDICAID #
Enter the Medicaid Number of the child who is entered at the top of the screen in the first CAPS ID field. This field will default to the Medicaid ID on MIHL if one exists.

TITLE IV-E ELIGIBLE
Enter Title IV-E Eligible. This field is required.

OTHER INSURANCE
Enter Y or N to indicate if the child has coverage under an insurance policy other than Medicaid.

AA STATE
This is the state which finalized the Adoption Assistance Agreement with the adoptive family.

COUNTY (F12)
Enter the county the child came from prior to the adoption placement; only required for California.

DATE PROCESSED
Enter the date that the Child and Family Services Division sent the request to open the Medicaid to the Human and Community Services Division.

DATE OPEN
Enter the date that Medicaid was opened by the Human and Community Services Division. CAPS allows a retroactive date.

DATE MEDICAID CLOSED
Enter the closure date for Medicaid.

MEDICAID CLOSURE REASON (F12)
Enter Medicaid Closure Reason.

<u>SIBLING INFORMATION</u>

CAPS ID (Shift+F9)
Type the CAPS ID of a sibling, or select one using the Shift+F9 function. CAPS accepts up to 8 siblings.

NAME
This field will display the name of the associated sibling, whose CAPS ID displays.

Additional Information

If an adoption is open on NADE, a new adoption cannot be created on ADOD.

Shift + F2 opens NADC (Non DFS Adoption Comments) for entry of notes.

To copy all the data on NADE to another child, press F10 and select the other child from RELL with a C.